

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH:

County Washington
 City or town Rural Sharpsburg Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Seven Years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Rural Sharpsburg Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Sharpsburg Md.
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Mary Frances Ruffner Abbott

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Peter Simon Abbott
 6. (c) If alive, give age 69 years
 7. Birth date of deceased (mo., day, yr.) Jan. 21 1890.
 8. AGE: Years 58 Months 5 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Luray Va.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Housewife
 12. Name John David Ruffner
 13. Birthplace Luray Va.
 14. Maiden name Nancy Elizabeth Bangardner
 15. Birthplace Luray Va.

16. Informant Mr. Peter Simon Abbott
 Address Boonsboro Md. R.F.D. I
 17. Burial Date thereof May 15 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Beahm Chapel Luray Va.
 Location Luray Va.
 18. Funeral director Edith V. Leaf
 Address Williamsport Md.

19. 6/12 19 48 W. J. Royce
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

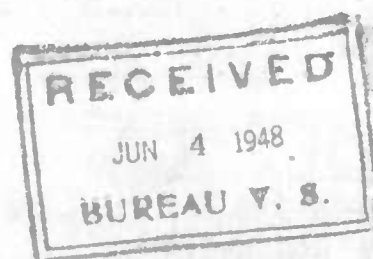
20. DATE OF DEATH May 12 19 48 at 8 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 19 48 to May 12 19 48
 and that I last saw him alive on May 11 19 48
 Immediate cause of death Myocardial Infarction
 Due to No Cause Known.
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE William Abbott M. D. or other 6/15/48
 Address Williamsport Md. Date signed _____



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:

County WashingtonCity or town Rural - Hancock
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 45 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Rural - Hancock
(If outside city or town limits, write RURAL and give nearest town)Street No. Lang. Hollow Route #1
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Catherine M'Cusker Barnhart

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married6. (b) Name of husband or wife Charles C. Barnhart6. (c) If alive, give age 78 years7. Birth date of deceased (mo., day, yr.) Sept. 21, 18818. AGE: Years Months Days If less than one day
66 8 2 - hrs. - min.9. Birthplace Washington Co., Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Abner M'Cusker13. Birthplace Washington Co., Md.14. Maiden name Sarah Bridges15. Birthplace Allegheny Co., Md.16. Informant Theodore F. BarnhartAddress Route #1, Hancock, Md.17. Burial Date thereof May 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Olivet PresbyterianLocation On Route 40 West of Hancock18. Funeral director Charles R. BastAddress Hancock, Md.May 24 48 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 48 at 4 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 48 to May 23 48and that I last saw her alive on May 22 48Immediate cause of death Carcinoma of UterusDue to generalized to abdomenDue to to abdomen

Other conditions

(Include pregnancy within 5 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Shaffer M.D.Address Hancock Md. M. D. or otherDate signed 5/24/48

RECEIVED
MAY 14 1948
BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05368
201

1. PLACE OF DEATH:

County Washington
 City or town Downsville R.F.D. I.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 Years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Downsville R.F.D. I.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Otis Edward Beachley

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife.
 7. Birth date of deceased (mo., day, yr.) April 1 1874.
 6.(c) If alive, give age..... years
 8. AGE: Years 74 Months I Days 22 It less than one day..... hrs. min.

9. Birthplace Frederick Washington Md.
 (Town, county, and state)
 10. Usual occupation Farm Laborer
 11. Industry or business Farm Laborer
 12. Name Jonas Edward Beachley
 13. Birthplace Frederick County
 14. Maiden name Indiana Elizebeth Castle
 15. Birthplace Frederick County

16. Informant Mrs Lewis Izer
 Address Downsville R.F.D.I.
 17. Burial Date thereof May 26 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.
 18. Funeral director Edith V. Leaf
 Address Williamsport Md.

19. May 26 1948 E Lee McChoy
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948, at 7 A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1948 to May 24 1948
 and that I last saw him alive on May 22 1948
 Immediate cause of death

Coronary Occlusion. 2 hrs
 Due to
Arterio Sclerosis
 Due to
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE William H. McChoy M. D. or other
 Address Williamsport Md Date signed 5/24/48

RECEIVED

MAY 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 years
 Hospital, institution, or street address where death occurred:
724 George Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 724 George Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

David J. Betts

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Minnie I. Betts

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1883 6. (c) If alive, give age _____ years

8. AGE: Years 65 Months 3 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Fiddlersburg, Maryland
 (Town, county, and state)

10. Usual occupation Employee11. Industry or business Jamison Cold Storage Door Co.12. Name Jacob Betts13. Birthplace Washington County, Maryland14. Maiden name Amanda Howard15. Birthplace Washington County Maryland16. Informant Mrs. Minnie I. BettsAddress 724 George St. Hagerstown, Md.17. Burial Date thereof May 10, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven CemeteryLocation Hagerstown, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.19. May 10, 48 Registrar Health Bowers

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1948 19____, at 1:30 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 1948 to May 8 1948and that I last saw him alive on May 8 1948

Immediate cause of death _____

DURATION 1 1/2 hrsCerebral Thrombosis

Due to _____

Due to _____

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

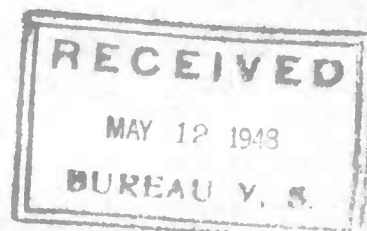
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE V. D. Layman, M.D. M. D. or other _____Address Hagerstown, Md. Date signed 10 May 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Security
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Security
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name War _____

3.(a) FULL NAME

Samuel H Boppe

3.(b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Mary Ellen Boppe

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Nov. 13 1847

8. AGE:

Years

Months

Days

If less than one day

10063

hrs.

min.

9. Birthplace

Halfway Washington Maryland.
(Town, county, and state)

10. Usual occupation

Laborer--Retired

11. Industry or business

C. and O. CanalFATHER
MOTHER

12. Name

Andrew Boppe

13. Birthplace

Germany

14. Maiden name

Nancy Furry

15. Birthplace

Funkstown Md.

16. Informant

Mrs John Lewis

Address

Security, Maryland

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof May 20 1948
(month) (day) (year)

Cemetery or crematory

Riverview Cemetery

Location

Williamsport, Md.

18. Funeral director

Edith V Leaf

Address

Williamsport Md.

19.

May 20. 48
(Date rec'd by registrar)Blair Bowers
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948 at 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10 1948 to May 16 1948and that I last saw him alive on May 14 1948

Immediate cause of death

Cardio-Vascular Disease

DURATION

?

Due to

Due to

Other conditions

Langrine Sept Great Tor 2 Mths

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

H Campbell
M. D. or other

Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05371

302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 919 West Franklin Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Edna B. Boughton

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife Milford Boughton
 7. Birth date of deceased (mo., day, yr.) March 10, 1876
 8. AGE: Years 72 Months 2 Days 1 If less than one day
 hrs. min.

9. Birthplace Sullivan, Ohio
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business

FATHER 12. Name A. A. Rodgers
 13. Birthplace Ohio
 MOTHER 14. Maiden name Teresa Myers
 15. Birthplace Ohio

16. Informant Mrs. H. E. Raifsnider
 Address Hagerstown, Maryland
 17. Burial Date thereof 5-14-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rest Haven Cemetery
Hagerstown, Maryland
 Location

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. May 13, 1948 Registrar Chas H. Bowers
 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1948 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1944 to May 11, 1948
 and that I last saw her alive on May 11, 1948

Immediate cause of death Tuberculosis
 DURATION 2 days - 4 hrs.

Due to Carcinoma of uterus - 7
 Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas H. Bowers MD M. D. or other

Address 201 Oak Hill Ave Date signed 5/12/48

RECEIVED

MAY 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wm. Layman

Reg. Dist. No.

FILM No. G 116 MAY 24 1948

1. PLACE OF DEATH:

County..... Washington
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 Weeks
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 4 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Washington
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 1001 Pope Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war..... None

3. (a) FULL NAME

MRS BERTHA GROVE BRICKER

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married

6.(b) Name of husband or wife..... Harry J. Bricker
6.(c) If alive, give age..... 70 years

7. Birth date of deceased (mo., day, yr.)..... April 26, 1881

8. AGE: Years..... 67 Months..... 0 Days..... 14 If less than one day..... hrs. min.

9. Birthplace..... Middleton, Fredrick Co., Md.
(Town, county, and state)

10. Usual occupation..... Housewife
11. Industry or business..... Own Home

12. Name..... William T. Grove
13. Birthplace..... Middleton Md.

14. Maiden name..... Sarah Ault
15. Birthplace..... Harpers Ferry W. Va.

16. Informant..... Miss Effie C. Grove
Address..... Hagerstown Md.

17. Burial..... Reformed Cemetery
(Burial, cremation, or removal. Which?) Date thereof..... 5/15/48
(month) (day) (year)

Cemefery or crematory..... Middletown, Fredrick Co., Md.
Location.....

18. Funeral director..... Andrew K. Coffman
Address..... Hagerstown Md

19. May 15, 48 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 12, 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 8 to May 12 and that I last saw her alive on May 12

Immediate cause of death.....

Parasitosis

Due to..... Parasitosis of the uterus

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)
Major findings of operations..... Dissection of C
Abnormalities Date of op. 4/16-48

Autopsy results..... None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE..... Wm. Layman M.D.
Address..... Hagerstown Md Date signed..... 5/14-48

RECEIVED

MAY 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 053382

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 months
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 217 South Prospect Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Elizabeth McComas Claiborne

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife Thomas D. Claiborne
 7. Birth date of deceased (mo., day, yr.) October 9, 1876 8.(c) If alive, give age..... years
 8. AGE: Years 71 Months 7 Days 12 If less than one day..... hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Frederick F. McComas
 13. Birthplace Hagerstown, Maryland

MOTHER 14. Maiden name Julia Noble
 15. Birthplace Carlisle, Pa.

16. Informant Mrs. J. J. Funk
 Address Hagerstown, Maryland

17. Burial Burial Date thereof 5-21-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
Hagerstown, Maryland
 Location

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. May 20, 48 Registrar Beaith Bowers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1948 at 7:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 December 1947, to May 19, 1948
 and that I last saw her alive on 19 May, 1948

Immediate cause of death Stroke Aethmism DURATION 5 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Eldon G. H. Vachell M.D.
 M. D. or other

Address A. Agnew Date signed 19 May 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05374

163A

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 hrs.
Hospital, institution, or street address where death occurred:
Wash. Co. Hospital
How long in hospital or institution? 8 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Mapleville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Main St.
(If rural, give LOCATION)
2(a) If veteran, name war no.

3. (a) FULL NAME

Robert S. Cross

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White married

6. (b) Name of husband or wife Sylvia Cross

7. Birth date of deceased (mo., day, yr.) June - 20 1874

8. AGE: Years Months Days If less than one day

73 10 23 hrs. min.

9. Birthplace Mapleville Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Retired Commission Merchant

11. Industry or business Fruit and Produce

12. Name Harry Cross

13. Birthplace Mapleville Wash. Co. Md.

14. Maiden name Elizabeth Thayer

15. Birthplace Boonsboro Wash. Co. Md.

16. Informant Mrs. Sylvia Cross

Address Mapleville Md.

17. Burial Date thereof May 16, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Johnson Cemetery

Location near Mapleville Wash. Co. Md.

18. Funeral director Corr. D. Bant & Sons

Address Boonsboro Md.

19. May 14, 1948 Registrar Frank Bowers

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1948 at 5:12 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. alive on 19 10 19

Immediate cause of death

Acute aortic pain - 12 hr.

Due to ing

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 5/12/48

Where did injury occur? Mapleville Wash. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Stroke Injured at work? no.

DEPUTY MEDICAL EXAM. S. Robert Wells WASH. CO., MD.

23. SIGNATURE Frank Bowers M. D. or other

Address Hagerstown Md. Date signed 5/14/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-14M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 159 05375 302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1057 Georgia Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Paul Deems

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) May 26, 1948 6.(c) If alive, give age..... years
 8. AGE: Years Months Days If less than one day
1 hrs. min.

9. Birthplace Washington County Hospital
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name Charles A. Deems
 13. Birthplace Davis, W. Va.
 14. Maiden name Lucy E. Smith
 15. Birthplace Banner Blk, N. C.

16. Informant Charles A. Deems
 Address Hagerstown, Maryland

17. Burial Date thereof 5-28-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
Hagerstown, Maryland
 Location.....

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. May 28, 48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 19 48 at 11:45 P. M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 5/26 19 48 to 5/27 19 48and that I last saw him alive on 5/27/48 19Immediate cause of death pre maturity

DURATION

Due to unknown

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Campbell MD M. D. or otherAddress Hagerstown Md. Date signed 5/28/48

RECEIVED

MAY 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05376

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County.....
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 35 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Md. County..... Wash.
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 421 W. Franklin St.
 (If rural, give LOCATION)
 2.(a) if veteran, name war..... --

3. (a) FULL NAME
 Mary C. Keadle Fravel

3. (b) Social Security Number
 --

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife James W. Fravel
 7. Birth date of deceased (mo., day, yr.) November 17, 1880
 6.(c) If alive, give age..... years
 8. AGE: Years Months Days It less than one day
 67 6 13 hrs. min.

9. Birthplace..... Falling Waters, Berekeley, W. Va.
 (Town, county, and state)

10. Usual occupation..... --

11. Industry or business

FATHER 12. Name Arthur Keadle
 13. Birthplace Waynesboro, Pa.
 MOTHER 14. Maiden name Catherine A. Reid
 15. Birthplace W. Virginia

16. Informant Mrs. Ella A. Fisher
 Address Harrisburg, Penna.

17. burial Date thereof 6-3-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rest Haven Cemetery
 Location Hagerstown, Md.

18. Funeral director Scott F. Minnich & Son
 Address Hagerstown, Md.

19. June 2, 48 6:45 P.M.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-1-48 19....., to 6-30-48 19.....
 and that I last saw him alive on 5-25-48 19.....

Immediate cause of death.....

DURATION

Coronary Disease 2 months
 (Coronary)

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Date signed 6/3/48

RECEIVED

JUN 4 1948

BUREAU V. S.

Mary C. Keadle Fravel

Mrs. Fravel was stricken
in church and pronounced
dead upon arrival at the
Washington County Hospital

Chas. Bowers
Loc. Reg.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Cearfoss
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yearsHospital, institution, or street address where death occurred:
Residence Cearfoss, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Cearfoss, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. Cearfoss, Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Ira F. Garner

3.(b) Social Security Number

None4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Anna E. Garner7. Birth date of deceased (mo., day, yr.) March 9, 1873 6.(c) If alive, give age years8. AGE: Years 75 Months 2 Days 17 If less than one day hrs. min.9. Birthplace Washington County, Md.
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Carl Garner13. Birthplace Franklin Co., Pa.14. Maiden name Malinda Richer15. Birthplace Spring Creek, Pa.16. Informant Mrs. Anna E. GarnerAddress Cearfoss, Md.17. Burial Date thereof May 28, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Mercersburg, Pa.18. Funeral director Snyder-Rowland Funeral HomeAddress Clear Spring, Md.19. May 27, 48 Registrar David R. Brewer

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1948 2:45 A.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17, 1948 to May 26, 1948and that I last saw him alive on May 25, 1948Immediate cause of death Carcinoma of Stomach DURATION 2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David R. Brewer M.D. M. D. or otherAddress Clear Spring Md. Date signed 5/27/48

MARGIN RESERVED FOR BINDING

9-45-15W

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 31 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05378-303

1. PLACE OF DEATH:

County Washington
City or town Pecktonville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Pecktonville, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mary Margaret Gladhill

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Millard F. Gladhill

7. Birth date of deceased (mo., day, yr.) February 22, 1898 6.(c) If alive, give age years

8. AGE: Years 50 Months 2 Days 12 If less than one day hrs. min.

9. Birthplace Big Pool, (Wash. Co.) Md.
(Town, county, and state)

10. Usual occupation Home duties

11. Industry or business

12. Name Alvey Mills
13. Birthplace Big Pool, Md.

14. Maiden name Emma Myers
15. Birthplace Big Pool, Md.

16. Informant Elton Reed
Address Hancock, Md.

17. Burial Date thereof May 7, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Park Head Cemetery
Location Big Pool, Md.

18. Funeral director Snyder-Rowland
Address Hancock, Md.

19. May 7 19 48 Joseph W. Murray Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 18 19 47 to MAY 4 19 48
and that I last saw her alive on MAY 1 19 48

Immediate cause of death CORONARY OCCLUSION, ACUTE DURATION 5 min.

Due to HYPERTENSIVE CARDIO-
VASCULAR RENAL DISEASE,
SEVERE.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations NONE.

Autopsy results NONE.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Pauli Robert Cohen M. D.

Address Clear Spring, Md. Date signed 5/6/48

MARGIN RESERVED FOR BINDING

VS A15 9-43-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05370

382

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred:
Wash. Co. Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town B. Boonsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. N. Main St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Earl Glenn

3. (b) Social Security Number

220-16-4035

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Bessie Bell Glenn
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) November - 1 - 1871
 8. AGE: Years 76 Months 6 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation Employee of Victor Prod. Corp.
 11. Industry or business _____

MOTHER FATHER
 12. Name George Corbett
 13. Birthplace Washington Co. Md.
 14. Maiden name Mahala Glenn
 15. Birthplace Wash. Co. Md.
 16. Informant Mrs. Bessie Bell Glenn
 Address Boonsboro Md.

17. Burial Date thereof May 18, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Boonsboro Cemetery
 Location Boonsboro Md.
 18. Funeral director Clara E. Bast 9 Sons
 Address Boonsboro Md.

19. May 18, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 - 1948 at 2:45 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1948 to May 16 1948
 and that I last saw him alive on May 16 1948

Immediate cause of death Coronary Arteriosclerosis
Chronic Hypertrophy
Myocardial Infarction
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE John E. Bast 9 Sons M. D. or other _____
 Address Boonsboro Md. Date signed 5/17/48



RECEIVED

MAY 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years
 Hospital, institution, or street address where death occurred:
108 South Foundry Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 108 South Foundry Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War #1

3. (a) FULL NAME

John R. Gsell

3. (b) Social Security Number

220-10-3902

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Lenora P. Gsell
 7. Birth date of deceased (mo., day, yr.) April 1, 1893 8. (c) If alive, give age 38 years
 8. AGE: Years 55 Months 1 Days 10 It less than one day hrs. min.

9. Birthplace Clearspring, Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business

12. Name David Gsell
 13. Birthplace Clearspring, Maryland
 14. Maiden name Mary E. Boring
 15. Birthplace Clearspring, Maryland

16. Informant Mrs. John R. Gsell
 Address Hagerstown, Maryland

17. Burial Date thereof 5-14-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Mennonite Cemetery
 Location Clearspring, Maryland

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. May 13, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1948 at 6:58 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4, 1948 to May 11, 1948
 and that I last saw him alive on 11 May 1948

Immediate cause of death metastatic malignancy (lymphoma?) DURATION
 Due to malignancy, mediastinal (lymphoma)
 Due to
 Other conditions Asthma
 (Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Robert F. Keadle M. D. or other
 Address 132 W. Wash St Date signed 5-11-48

RECEIVED

MAY 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
140 W. Antietam St. Hagerstown Md.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 140 W. Antietam St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Jerauld Byron Harp

3. (b) Social Security Number

213-16-0082

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) April 30, 1899
 8. AGE: Years 49 Months 0 Days 6 If less than one day
 hrs. min.

9. Birthplace Hagerstown
 (Town, county, and state)
 10. Usual occupation Musician & Electrician
 11. Industry or business

FATHER 12. Name Edward B. Harp Sr.
 13. Birthplace Wolfsville Md.
 MOTHER 14. Maiden name Hadessa Stotemyer
 15. Birthplace Wolfsville Md.
Hadessa S Harp
 16. Informant
 Address Hagerstown Md.

17. Burial Date thereof May 10 1948
 (Burial, cremation, or removal, Which?) (Month) (day) (year)
 Cemetery or crematory Smithsburg Cemetery
 Location Smithsburg Md.
 18. Funeral director Wm. H. Downey
 Address 291 Frederick St. Hagerstown

19. May 8 1948 Beatty Boward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948 10:10 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov. 1 1946 to May 6 1948
 and that I last saw him alive on May 6 1948

Immediate cause of death
Malignant Glomerulonephritis
Prophylactic regional
 DURATION 21.5/1946

Due to
 Due to
 Other conditions

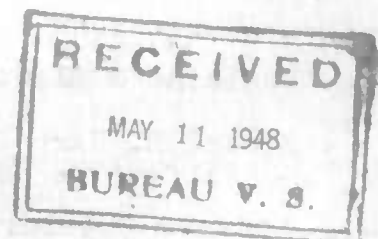
(Include pregnancy within 3 months of death)

Major findings of operations see above -
Neurology, Astrocytoma Date of op. Nov. 1946
 Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide X Date of X
 Where did injury occur? X (City or town) X (County) X (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other
Hagerstown Address Date signed 5-7-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Birth and Death

5497

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street address, hospital, or institution:
Washington County Hospital
Length of mother's stay in County 6 years
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 45 E. Antietam
(If RURAL give LOCATION)

3. Name of child Boy Huston #1

5. Sex Male | 6. Twin or ~~one~~ Twin

4. Date of birth May 22 1948 Hour 10:36 P. M.

7. No. of weeks pregnancy 23 weeks

FATHER OF CHILD

8. Full name Lloyd Calvin Huston
9. Color W 10. Age at time of this birth 24 yrs.
11. Usual occupation Driver for Albert Van

MOTHER OF CHILD

12. Full maiden name Catherine Alberta Crabtree
13. Color W 14. Age at time of this birth 20 yrs.
15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of Partial premature
separate placenta

19. Labor: (a) Complications of _____ (b) Induced? _____

20. (a) Was there an operation for delivery? No
(b) State all operations, if any _____
(Yes or No)

(c) Did child die before operation? No
During operation? _____

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Prematurity
(b) Maternal causes _____

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature F. F. Lusk
(Specify M. D., midwife, or other)

Address 230 N. Main Hagerstown Md.

23. (a) Burial (b) Date thereof 5/24/48
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Rose Hill Cemetery

24. (a) Funeral director Andrew K. Coffman
(b) Address Hagerstown Md.

25. (a) May 24, 1948 (b) Chas. F. Bowers
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

Health Officer, per _____

* See Instruction C on stub.

Child lived
1 hr and 34 min.

RECEIVED

MAY 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrected copy is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Lusby

160C 05383302
Reg. Dist. No.

1. PLACE OF DEATH:

County... Washington
City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 Hours
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 14 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Washington
City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 45 E. Antietam St.
(If rural, give LOCATION)
2.(a) If veteran, name war... None

3. (a) FULL NAME

Un-named Child of Lloyd Heiston Twin #2

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife ---- 6.(c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) May 23, 1948

8. AGE: Years 0 Months 0 Days 0 it less than one day 14 hrs. -- min.

9. Birthplace... Hagerstown, Washington Co. Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business --

12. Name Lloyd Heiston
13. Birthplace Hancock Md.

14. Maiden name Catherine Crabtree
15. Birthplace Paw Paw Md.

16. Informant Lloyd Heiston
Address Hagerstown Md.

17. Burial Date thereof 5/24/48
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown Md.

19. May 24, 48 Charles Powers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 19 48 at -- M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22 May 19 48 to 23 May 19 48
and that I last saw him alive on 23 May 48 19 48

Immediate cause of death Prematurity (abt 23 wks)

Due to.....

Due to.....

Other conditions.....

(include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J J Lusby M. D. or other

Address 2300 North Ave Date signed 24 May 48

RECEIVED
MAY 26 1948
BUREAU T. S.

EVIDENCE FOR ADDITION
OF MARITAL STATUS, BIRTH, MARYLAND STATE DEPARTMENT OF HEALTH
PLACE, DATE OF REG. BY REG. 2411 N. Charles St., Baltimore
NAME SHOWN ON
FILM No. G 11 AUG 12 1948 CERTIFICATE OF DEATH 170C 05384

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington
City or town Rural - Clear Spring, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Alleghany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 519 Washington St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Louisa Patterson Henderson

3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced WIDOWED

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 1, 1863

8. AGE: Years 85 Months 0 Days 15 If less than one day
.....hrs.min.

9. Birthplace CUMBERLAND, MARYLAND
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Thomas Leiter Patterson

13. Birthplace

14. Maiden name Louisa Sprigg

15. Birthplace

16. Informant Mrs. George Henderson

Address Cumberland, Md.

17. Burial Date thereof 5/19/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill

Location Cumberland, Md.

18. Funeral director A. K. Coffman

Address Hagerstown, Md.

19. May 16, 1948 Chas. H. Bowers Registrar

(Date rec'd by Registrar)

MEDICAL CERTIFICATION About

20. DATE OF DEATH May 16, 1948 at 7:30 P
EDT

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
.....19....., to.....19.....
and that I last saw h.....alive on.....19.....

Immediate cause of death
Crushed chest
Hemorrhage and shock

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

.....Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 5/16/48

Where did injury occur? Near Clear Spring Wash, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 40

Means of injury Auto accident Injured at work? No

DEPUTY MEDICAL EXAM.

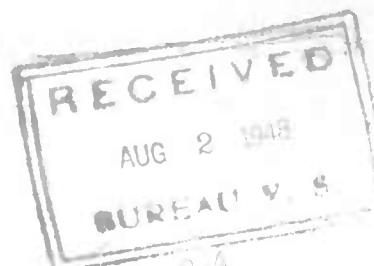
23. SIGNATURE H. Robert Wells WASH. CO. MD.

Address Hagerstown, Md. Date signed July 31-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Jul. 6 July

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Lusby

05385
302

Reg. Dist. No. 940

1. PLACE OF DEATH:

County Washington
 City or town Security
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 32 Years
 Hospital, institution, or street address where death occurred:
Security Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Security
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Security Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

JESSE LEO HOLMES

3. (b) Social Security Number

705-10-6787

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Myrtle Keller
 7. Birth date of deceased (mo., day, yr.) June 3, 1890 8. (c) If alive, give age 55 years
 8. AGE: Years 57 Months 11 Days 24 If less than one day
 9. Birthplace Knoxville, Fredrick Co., Md.
 (Town, county, and state)
 10. Usual occupation Machinist
 11. Industry or business Western Maryland Railroad
 12. Name Edward Holmes
 13. Birthplace Knoxville Md.
 14. Maiden name Elizabeth Danner
 15. Birthplace Knoxville Md.
 16. Informant Mrs Myrtle Holmes
 Address Security Md.

17. Burial 5/29/48
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.
 18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.
 19. May 28, 1948
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 19 48 of 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
27 May 19 48 to 27 May 19 48
 and that I last saw him alive on 27 May 19 48

Immediate cause of death Coronary Occlusion
 DURATION 2 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J J Lusby M. D. or otherAddress 2301 Princeton Date signed 27 May 48

160

RECEIVED
MAY 31 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305-

1. PLACE OF DEATH:

County Washington
 City or town Bonushoro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 years
 Hospital, institution, or street address where death occurred:
N. Main St.
 How long in hospital or institution? 22 years at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Bonushoro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. N. Main St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

Ada G. Hoover

3. (b) Social Security Number

None.

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife John H. Hoover
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) December 24 - 1865
 8. AGE: Years 82 Months 4 Days 21 If less than one day hrs. min.

9. Birthplace Redysville Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own home

12. Name Jacob Reel

13. Birthplace Redysville Wash. Co. Md.

14. Maiden name Anna Seating

15. Birthplace Redysville Wash. Co. Md.

16. Informant Mrs. Lloyd Gross

Address Bonushoro Md.

17. Interment Date thereof May 17, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bonushoro Mausoleum

Location Bonushoro Md.

18. Funeral director Wm. J. Bart & Sons

Address Bonushoro Md.

19. May 17, 1945 John L. Bart
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1945, at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12 1945, to May 15 1945, and that I last saw him alive on May 12 1945.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Bart M. D. or other

Address Bonushoro Md. Date signed 5/16/45

RECEIVED

MAY 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

307

1. PLACE OF DEATH:

County Washington Co.City or town R. 1 - Rohlersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 yr 6 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Virginia County BerkleyCity or town Martinsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. High St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Nancy Catherine Huff

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

David Huff

7. Birth date of

deceased (mo., day, yr.)

Feb. 6 - 1861

5. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

8731

hrs.

min.

9. Birthplace

Virginia
(To county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. May 8 1948
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 7 1948 at 7:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3 1948 to May 7 1948

and that I last saw him alive on

May 6 1948

Immediate cause of death

DURATION

Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

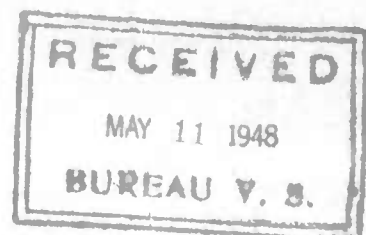
Date signed 5/8/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ditto
05388

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown R#6
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 Days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 4 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown R#6
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Laymans Mill Rd.
 (If rural, give LOCATION)
 2. (a) If veteran, name war. None

3. (a) FULL NAME

MRS MARY ELLEN HURTMAN

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Samuel H. Hurtman
 6. (c) If alive, give age 74 years
 7. Birth date of deceased (mo., day, yr.) August, 28, 1872

8. AGE: Years 75 Months 8 Days 8 If less than one day
 hrs. min.

9. Birthplace Leitersburg, Washington Co., Md.
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business Own Home12. Name Fredrick Hartley13. Birthplace Leitersburg Md.14. Maiden name Mary Hemphill15. Birthplace Fayetteville Md.16. Informant Samuel H. HurtmanAddress Hagerstown R# 6

17. Burial Date thereof 5/9/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Luthern CemeteryLocation Leitersburg Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.

19. May 8, 1948 Chas. H. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1948 12:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-48 to 5-6-48
 and that I last saw him alive on 5-6-48

Immediate cause of death

DURATION

Coronary Artery Disease
4 yrs

Due to Cerebral Artery Sclerosis

Other conditions Calcification of Blood
1 yr

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Ditto M. D. or other

August 1948
 Address Date signed

RECEIVED

MAY 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:

County WashingtonCity or town Dargan
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 years

Hospital, institution, or street address where death occurred:

R.F.D. #1, Harpers Ferry, West Va.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Dargan
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D. #1 Harpers Ferry, W. Va.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Daniel Edward Johnson

3. (b) Social Security Number

220-10-3630

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Viola Belle Zimmerman6.(c) If alive, give age 71 years

7. Birth date of

deceased (mo., day, yr.) November 9, 1887

8. AGE:

Years

Months

Days

If less than one day

60523

...hrs. ...min.

9. Birthplace Washington County, Maryland
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Bus Terminal12. Name Jacob L. Johnson13. Birthplace Washington County, Md.14. Maiden name Annie Young15. Birthplace Rohersville, Maryland16. Informant Justin L. JohnsonAddress R.F.D. # 1, Harpers Ferry, W. Va.17. Burial Date thereof May 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Samples Manor CemeteryLocation Samples Manor, Maryland18. Funeral director Melvin J. StriderAddress Charles Town, West Va.19. May 4 19 48 Bernellia H. Bantle
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 19 48, at 10:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 48 to May 2 19 48and that I last saw him alive on May 1 19 48Immediate cause of death Cerebral Hemorrhage

DURATION

3 hrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Melvin J. Strider M.D. or otherAddress Harpers Ferry, Md. Date signed May 48

MARGIN RESERVED FOR BINDING

VS 415

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 05390 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 years
 Hospital, institution, or street address where death occurred:
950 Lannvale St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 950 Lannvale St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Floyd Edward Jones

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1901
 6. (c) If alive, give age _____ years

8. AGE:

Years 46 Months 4 Days 26 It less than one day _____ hrs. _____ min.

9. Birthplace

Middletown, Frederick Co, Md.
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

John Stanley Jones

12. Name

Middletown, Md.

13. Birthplace

Ella M. Bowler

14. Maiden name

Middletown, Md.

15. Birthplace

Harold Jones

16. Informant

Hagerstown Md.

Address

Burial

17. (Burial, cremation, or removal, Which?)

Date thereof May 26, 1948
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown, Md.

18. Funeral director

Gladhill Co.

Address

Middletown Md.

19.

May 26, 1948
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1948, at 7:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 21, 1948, to May 24, 1948and that I last saw him alive on May 24, 1948

Immediate cause of death

Cardiac Failure
(Cause NOT determined)

Due to

Intercerebral Sinus

Due to

Death

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Campbell
Hagerstown Md.

M. D. or other

Address _____ Date signed 5/26/48

RECEIVED

MAY 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 YEARS

Hospital, institution, or street address where death occurred:

CORNER VIRGINIA ROSS HERE AVE. IN. AUTOMOBILE

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Conococheague
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Hubert Jones

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Martha A. Jones

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

December 20, 1875

8. AGE:

Years

Months

Days

If less than one day

7257

hrs.

min.

9. Birthplace Frederick County, Maryland.

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
MOTHER

12. Name

Isaac Jones

13. Birthplace

Frederick County, Maryland.

14. Maiden name

Mary

15. Birthplace

Frederick County, Maryland.

16. Informant

Mrs. Buelah Miller (widow)

Address

Conococheague, Maryland.

17.

BurialDate thereof May 30, 1948
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Boonsboro Cemetery

Location

Boonsboro, Maryland.

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Maryland.

19.

May 30, 1948

(Date rec'd by registrar)

Registrar

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

EDT

20. DATE OF DEATH May 27, 1948, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death

DURATION

Acute coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op. _____

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide No Date of _____Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

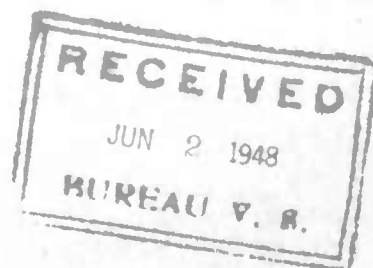
Address

DEPUTY MEDICAL EXAM.

WASH. CO. MD.

M. D. C.

Date signed May 29 '48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05392

552 X

Reg. Dist. No. 303

1. PLACE OF DEATH:
County Washington
City or town Ernstville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Ernstville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3.(a) FULL NAME William Krepps Kline

3.(b) Social Security Number
212-14-6971

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

B.(b) Name of husband or wife Nora M. Kline

7. Birth date of deceased (mo., day, yr.) February 7, 1888 8.(c) If alive, give age _____ years

8. AGE: Years 60 Months 3 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Washington Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Scott M. Kline
13. Birthplace Wash. Co. Md.

14. Maiden name Cora Keffer
15. Birthplace Wash. Co. Md.

16. Informant Mrs. Nora Kline
Address Ernstville, Md.

17. Burial Date thereof May 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Shanktown cemetery
Location Big Pool, Md.

18. Funeral director Snyder-Rowland
Address Hancock, Md.

19. May 18 19 48 Registrar Joseph Murray
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1948 19 48, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from APRIL 5 19 48, to MAY 15 19 48
and that I last saw him alive on MAY 15 19 48

Immediate cause of death GENERALIZED CARCINOMATOSIS DURATION ?
Due to PRIMARY SITE UNKNOWN

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations None. Date of op. _____

Autopsy results None.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Pauli Robert Allen M. D. Registrar
Address Clear Spring Md. Date signed 17 May 1948

MARGIN RESERVED FOR BINDING

VS A15 9.45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH A

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington
 City or town Boonsboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 Months
 Hospital, institution, or street address where death occurred:
Main St.
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 21 West Antietam St.
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

JOSEPH CALVIN KUHN

3. (b) Social Security Number

214-09-1263

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Edith Noll

1. Birth date of deceased (mo., day, yr.) February 15 1886
 6. (c) If alive, give age 59 years

8. AGE: Years 62 Months 3 Days 5 If less than one day
 hrs. min.

9. Birthplace Big Springs Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Barber

11. Industry or business ---

12. Name John Kuhn

13. Birthplace Big Springs Md.

14. Maiden name Susan C. Pearl

15. Birthplace Hagerstown, Md.

16. Informant Mrs. Edith N. Kuhn

Address Boonsboro Md.

17. Burial 5/23/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location near Clear Springs Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. May 23 1948 John H. East
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

d. s. t.

20. DATE OF DEATH May 20 1948 1948 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19....., 10....., 19.....
 and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

DURATION

Cancer of bladder 2yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAM.

Hagerstown, Md. WASH. CO., MD.

Address..... Date signed May 23/48

RECEIVED
MAY 26 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05394 306

1. PLACE OF DEATH:

County Washington
 City or town Cascade
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 months 19 days
 Hospital, institution, or street address where death occurred
Fitch Hospital
 How long in hospital or institution? 4 months 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
 City or town Ekton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 114 Church St.
 (If rural, give LOCATION)
 2(a) If veteran, name war ✓

3. (a) FULL NAME

Ellis Lang

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

November 2, 1897

8. AGE:

Years 70 Months 6 Days 21
 If less than one day _____ hrs. _____ min.

9. Birthplace

Ekton, Cecil, Md.
(Town, county, and state)

10. Usual occupation

Fuhrman

11. Industry or business

FATHER

12. Name

John F. Lang

13. Birthplace

France

MOTHER

14. Maiden name

Anna Richard

15. Birthplace

St. Georges, Delaware

16. Informant

Hospital
Address: Fitch Hosp. Cascade, Md.

17.

Burial Date thereof May 27, 1948
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory

Montrose

Location

Friedrich B. Md.

18. Funeral director

M. L. Cresser & Son
Thurmont, Md.

Address

May 27
(Date rec'd by registrar)1948Geo. W. Ferguson
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 19 48 at 11:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 6 19 48 to May 23 19 48
 and that I last saw him alive on May 23 19 48

Immediate cause of death

Epithelioma, submental region

DURATION

9 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Resectable

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

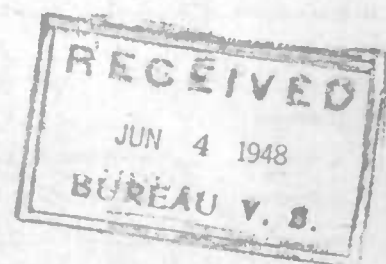
Injured at work? _____

23. SIGNATURE

Thomas M. Armstrong
M.D. or other

Address

Fitch Hospital
Cascade, Md.Date signed 5/25/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 450 X 0539306 144

1. PLACE OF DEATH:

County Washington
City or town Cascade
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 months 7 days
Hospital, institution, or street address where death occurred: Petite HospitalHow long in hospital or institution? 2 months 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel
City or town Annapolis
(If outside city or town limits, write RURAL and give nearest town)Street No. 912 St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Mortimer Langley

3. (b) Social Security Number

4. Sex 5. Color or race 6. (d) Single, married, widowed, or divorced

Male W married6. (b) Name of husband or wife Myrtle Anne6. (c) If alive, give age 49 years7. Birth date of deceased (mo., day, yr.) August 27, 18868. AGE: Years Months Days If less than one day
61 8 18 hrs. min.9. Birthplace St. Mary's Co., Md.
(Town, county, and state)10. Usual occupation Pile driver

11. Industry or business

12. Name Alice Gatten13. Birthplace St. Mary's Co., Md.14. Maiden name George Langley15. Birthplace St. Mary's Co., Md.16. Informant Hospital (Dr.)Address Camp Ritchie Hospital17. Burial Date thereof May 20, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Mary'sLocation Annapolis, Md.18. Funeral director M. H. Berger & SonAddress Thermopylae, Md.19. May 18 1948 Blanche L. Euler
(Date rec'd by registrar) RegistrarMay 20 - 48 Geo. W. Frazier

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948 at 8:40 M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 to May 5 1948
and that I last saw him alive on May 5 1948Immediate cause of death had pneumonia of
soft palate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Superior Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Injured at work?

Means of injury

23. SIGNATURE Thomas M. Brington, M.D.
M. D. or otherAddress Petite Hospital Date signed 5/17/48Cascade, Md.

MARGIN RESERVED FOR BINDING

VS A15-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 years
 Hospital, institution, or street address where death occurred:
346 Ruby Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 346 Ruby Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Etha Lockley

3.(b) Social Security Number

NONE

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Herbert Lockley
 6.(c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) September 4, 1901
 8. AGE: Years 46 Months 8 Days 22 If less than one day
 hrs. min.

9. Birthplace Millwood, Virginia
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business
 12. Name Not Known
 13. Birthplace Not Known
 14. Maiden name Not Known
 15. Birthplace Not Known

16. Informant Emma Lockley
 Address Hagerstown, Maryland
 17. Removal Date thereof 5-29-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Chapel Cemetery
Millwood, Virginia
 Location
 18. Funeral director William H. Downey
 Address Hagerstown, Maryland
 19. May 29, 48 Chas. H. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 26, 1948 at 7:02 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 1947 to May 26, 1948
 and that I last saw him alive on May 26, 1948

Immediate cause of death
Hypertensive Cardiovascular
Disease & decompensation

DURATION

Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, pub'c place (where?)
 Means of injury Injured at work?

23. SIGNATURE N. Alan Harris M.D.
 Address 651 Pennsylvania Ave Date signed 5/27/48
 M.D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contents of this certificate are especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wells

05396

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 Years
 Hospital, institution, or street address where death occurred:
24 Summit Ave.
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 24 Summit Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war World War #1

3. (a) FULL NAME

NEAL THOMAS LONG

3. (b) Social Security Number

214-09-9520

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Charlotte
 6. (c) If alive, give age 55 years
 7. Birth date of deceased (mo., day, yr.) May 20, 1891
 8. AGE: Years 56 Months 11 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Marksville, Shenandoah Co., Va.
 (Town, county, and state)

10. Usual occupation Janitor

11. Industry or business Sherley Building

12. Name James Long

13. Birthplace Shenandoah Va.

14. Maiden name Ella Grave

15. Birthplace Stanley Va.

16. Informant Mrs Charlotte Long

Address Hagerstown Md.

17. Burial Date thereof 5/18/48

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. May 17, 48 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 48, at 4:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Acute coronary occlusion

Due to _____ DURATION _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. _____

Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

DEPUTY MEDICAL EXAM. Dr. Robert Wells WASH. CO., MD.

23. SIGNATURE _____ M. D. _____

Address Hagerstown, Md. Date signed 5/17/48

RECEIVED

MAY 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... **Washington**
 City or town..... **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **75 years**
 Hospital, institution, or street address where death occurred:
803 Salem Ave.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... **Maryland** County..... **Washington**
 City or town..... **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **803 Salem Ave.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Elizebeth Lumm

3. (b) Social Security Number

4. Sex..... **Female** 5. Color or race..... **White** 6.(a) Single, married, widowed, or divorced..... **Single**
 8.(b) Name of husband or wife..... **---**
 7. Birth date of deceased (mo., day, yr.)..... **October 10, 1864** 6.(c) If alive, give age..... years
 8. AGE: Years..... **83** Months..... **7** Days..... **7** If less than one day..... hrs. min.

9. Birthplace..... **Near Clearspring Wash Co. Md.**
 (Town, county, and state)

10. Usual occupation..... **None**

11. Industry or business..... **None**

12. Name..... **Henry Lumm**

13. Birthplace..... **Near Smithsburg Md.**

14. Maiden name..... **Sarah E. Hose**

15. Birthplace..... **Wilson Md.**

18. Informant..... **Mrs. Kenneth Adams**

Address..... **Hagerstown Md.**

17. Burial..... **May 19, 1948**
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory..... **Rose Hill Cemetery**

Location..... **Hagerstown Md.**

18. Funeral director..... **Scott F. Minnich & Son**

Address..... **Hagerstown Md.**

19. **May 19, 48** Registrar..... **Charles H. Boward**

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **May 17** 19 **48** at **6 a** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Jan 1** 19 **48** to **5-16** 19 **48**

and that I last saw him alive on **5-16** 19 **48**

Immediate cause of death..... **cardio-vascular disease**

chronic nephritis

Due to..... **age -**

Other conditions..... **✓**

(Include pregnancy within 3 months of death)

Major findings of operations..... **0**

Autopsy results..... **0**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... **0** Date of.....

Where did injury occur?..... **0** (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... **0**

Manner of injury..... **0** Injured at work?

23. SIGNATURE..... **Victor D. Miller**

Address..... **131 W. WASHINGTON, ST.**

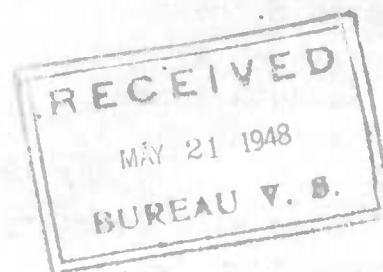
Date signed..... **5/17-1948**

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrected age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 55 years
 Hospital, institution, or street address where death occurred:
110 West Bethel Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 110 West Bethel Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Richard Martin

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife Fanny Martin
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) April 4, 1863
 8. AGE: Years 85 Months 1 Days 16 If less than one day
 hrs. min.

9. Birthplace Roanoke, Virginia
 (Town, county, and state)
 10. Usual occupation Retired Fireman
 11. Industry or business

12. Name Joseph Martin
 13. Birthplace Roanoke, Virginia
 14. Maiden name Priscilla Edwards
 15. Birthplace Roanoke, Virginia

16. Informant Florence Cant
 Address Hagerstown, Maryland

17. Burial Date thereof 5-24-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland

18. Funeral director William H. Downey
 Address Hagerstown, Maryland

19. May 24, 1948 Blanche Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 10, 1948 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
MAY 18, 1948 to MAY 20, 1948

and that I last saw him alive on MAY 19, 1948
 Immediate cause of death Cerebral Hemorrhage DURATION

.....

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. Alay Harris MD
 M. D. or other

Address 651 Pennsylvania Date signed 5/22/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:

County WashingtonCity or town Hancock, RD. 1
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hancock, RD. 1
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

LUCY PEARL McCUSKER

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed6. (b) Name of husband or wife Archie McCusker

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 13, 19028. AGE: Years 45 Months 5 Days 9 It less than one day _____ hrs. _____ min.9. Birthplace Washington Co., Maryland
(Town, county, and state)10. Usual occupation Home duties

11. Industry or business

12. Name Joseph Bishop13. Birthplace Hancock, Maryland14. Maiden name Georgianna Roby15. Birthplace Hancock, Maryland16. Informant Gordon McCuskerAddress Hancock, Maryland17. Burial Date thereof May 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Peter's Catholic Cem.Location Hancock, Maryland18. Funeral director Snyder-Rowland, HancockAddress Hancock, Md.May 24 19 48 J. A. Allen
(Date paid by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 19 48 at 2:00 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 19 42 to May 22 19 48and that I last saw her alive on May 20 19 48

Immediate cause of death _____

MetastasisDue to Sarcoma of Lumbal Spine

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. E. Tabler MD
M. D. or other _____Address Hancock, Md. Date signed 5/24/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

June 10 1948
241 22 pm
Bureau of Customs
241 22 pm

RECEIVED
MAY 26 1948
BUREAU V. S.

Mr. Tolson
Washington, D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 3 hours

2. USUAL RESIDENCE (HOME) OF DECEASED;

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 26 North Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Bertha May Miller

3. (b) Social Security Number

NONE

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife William McP. Miller

7. Birth date of deceased (mo., day, yr.) March 31, 1899
 6. (c) If alive, give age 62 years

8. AGE:

Years

Months

Days

If less than one day

49

1

4

hrs.

min.

9. Birthplace... Frostburg, Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
 12. Name Frank Whetstone
 13. Birthplace Frostburg, Maryland

MOTHER
 14. Maiden name Molly Street
 15. Birthplace Frostburg, Maryland

16. Informant William McP. MillerAddress Hagerstown, Maryland

17. Burial Date thereof 5-7-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director C. M. Suter & SonsAddress Hagerstown, Maryland

19. May 7, 1948 to Health Officer
 (Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 4 - 1948 at 10:46 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3/48 to May 4, 1948
 and that I last saw him alive on May 4, 1948

Immediate cause of death Mission from aneurysm
from a stroke

DURATION

3.6 hrs.

Due to Momentary: 2nd paroxysm

3.6 hr

Due to Rheumatic Heart - Mitral
Stenosis - infarction

1 year.

Other conditions Chronic Epileptic
 (Include pregnancy within 3 months of death)

9 years.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Campbell M. D. or otherAddress Hagerstown Md. Date signed May 5/48

RECEIVED

MAY 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Kneisley

05442 302
Reg. Dist. No.

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown R#2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Walnut Point Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MRS ELLA MAY MILLER

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife Charles Lewis Miller
 7. Birth date of deceased (mo., day, yr.) August 2, 1875
 6.(c) If alive, give age years
 8. AGE: Years 72 Months 9 Days 24 If less than one day hrs. min.

9. Birthplace New Windsor, Carrol Co. Md.
 (Town, county, and state)
 10. Usual occupation House Wife
 11. Industry or business Own Home
 12. Name Jesse Hyde
 13. Birthplace New Windsor Md.
 14. Maiden name Ella Barnes
 15. Birthplace New Windsor Md.

16. Informant Mrs Charles Gearhart
 Address Graceham Md.
 17. Burial Burial Date thereof 5/28/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dunkard Cemetery
 Location Broadfording Md.
 18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. May 28, 1948
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 19 48, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 19 19 48, to May 25 19 48
 and that I last saw him/her alive on May 25 19 48

Immediate cause of death Chronic nephritis with terminal uremia
 DURATION indef
5 da

Due to Arteriosclerotic heart disease, large cystic colloid goiter indef.
 (Include pregnancy within 8 months of death)

Other conditions Arteriosclerotic heart disease, large cystic colloid goiter
 (Include pregnancy within 8 months of death)

Major findings at operations no autopsy
 Date of op.

Autopsy results no autopsy
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide no Date of no
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury no Injured at work?

23. SIGNATURE B. D. Kneisley M. D. or other
 Address 148 W. Washington Street Date signed May 28, 1948

RECEIVED

MAY 31 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? App. 9 hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 733 George Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Lena May Miller

3. (b) Social Security Number

(NONE)

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Joseph C. Miller
 7. Birth date of deceased (mo., day, yr.) July 21, 1885 6.(c) If alive, give age..... years
 8. AGE: Years 62 Months 9 Days 27 If less than one day.....hrs.min.

9. Birthplace Page County, Virginia
 (Town, county, and state)
 10. Usual occupation Home Duties
 11. Industry or business.....

12. Name Paul Kline
 13. Birthplace Page County, Virginia
 14. Maiden name Keyser
 15. Birthplace Page County, Virginia

16. Informant Mr. Joseph C. Miller
 Address 733 George ST. Hagerstown, Md.
 17. Burial Date thereof May 20, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland.
 18. Funeral director Fred W. Kraiss
 Address Hagerstown, Maryland.

19. May 20, 48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1948 3:15 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17 1948 to May 18 1948
 and that I last saw her alive on May 17 1948

Immediate cause of death Broncho pneumonia DURATION 24 hours

Due to.....
 Due to.....

Other conditions Pyelitis 24 hours
Hyperthyroidism 8 years
 (Include pregnancy within 3 months of death)
 Major findings of operations Chronic Pharyngitis, Arthritis
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE W. Dayman, M.D. M. D. or other
Hagerstown, Maryland Date signed 18 May 1948
 Address.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

302

1. PLACE OF DEATH:

County Washington
City or town Rural Hagerstown, Md. R.D. # 2
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary A. Miller

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife James I.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1879

8. AGE:

Years

68

Months

11

Days

4

If less than one day

hrs.

min.

9. Birthplace Washington County, Maryland.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Joseph Gantt

13. Birthplace Morgan County, W. Va.

14. Maiden name Plotner

15. Birthplace Morgan County, W. Va.

16. Informant John Miller

Address Hagerstown, Md. R.D. # 2

17. Burial Date thereof May 7, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sleepy Creek Cemetery

Location Sleepy Creek, W. Va.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland.

19. May 6, 1948 Registrar Charles H. Bowers
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Washington

City or town Rural R.D. # 2 Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. near Coarross, Maryland.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1948 at 8 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death

Mitral stenosis
& insufficiency

Due to

chr. myocarditis

Due to

acute myocardial congestive
failure grade iv

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

no

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAM.
WASH. CO., MD.

Address Hagerstown, Md. Date signed 5/4/48

MARGIN RESERVED FOR BINDING

I

9-45-15W

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WASHINGTONCity or town HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 DAYS

Hospital, institution, or street address where death occurred:

WASHINGTON COUNTY HOSPITALHow long in hospital or institution? 9 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WASHINGTONCity or town LEITERSBURG
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war NAVY-VET

3.(a) FULL NAME

MARY MAGDALENE

3.(b) Social Security Number

NONE

4. Sex

FEMALE

5. Color or race

WHITE

6.(a) Single, married, widowed, or divorced

WIDOWED6.(b) Name of husband or wife COLENS W. MYERS

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) SEPT. 26, 1890

8. AGE:

Years

Months

Days

If less than one day

77717

hrs.

min.

9. Birthplace LEITERSBURG WASH, MD
(Town, county, and state)10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name JACOB HAVIS13. Birthplace CARLISLE, PA.14. Maiden name HENNETT, MINER15. Birthplace MARYLAND16. Informant Mrs. L. F. StueAddress 218 Hager St. (Daughter)17. Burial Date thereof 5/16/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Leitersburg LutheranLocation Washington County, Md.18. Funeral director W. J. NormanAddress Hagerstown, Md.19. May 14, 1948 Charles Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1948 at 1230 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13th 1948 to May 13th 1948and that I last saw him alive on May 13th 1948Immediate cause of death Myocardial Infarction
Coronary Arteriosclerosis

Due to _____

Due to _____

Other conditions Broncho pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

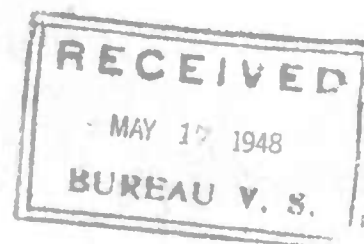
Injured at work? _____

23. SIGNATURE Wm. J. NormanAddress Hagerstown, Md. Date signed 5/14/48

DURATION

2 hrs.2 mo.14 days

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Porterfield

05406

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Rural Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 Years
 Hospital, institution, or street address where death occurred:
Hagerstown R#2
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Rural Hagerstown R#2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Greencastle Pike
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MRS MARY SUSAN NEEDY

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife John E. Needy
 7. Birth date of deceased (mo., day, yr.) February 2, 1876 6.(c) If alive, give age --- years
 8. AGE: Years 72 Months 3 Days 22 If less than one day hrs. min.

9. Birthplace Williamsport, Washington Co., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home

12. Name James Barnes
 13. Birthplace Marlowe W. Va.
 14. Maiden name Anna Harkbach
 15. Birthplace Hagerstown, Md.

16. Informant J. Earl Needy
 Address R#2 Hagerstown Md.

17. Burial Date thereof 5/26/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. May 24, 48 Charles Board
 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19. 48 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 19. 48 to May 24 19. 48
 and that I last saw him alive on May 23 19. 48

Immediate cause of death Coronary thrombosis DURATION 5/14/48

Due to.....
 Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D. M. D. or other
 Address 136 W Washington Date signed 5/24/48

RECEIVED
MAY 28 1948
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

05417

942

1. PLACE OF DEATH;

County Washington
City or town Summers Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 years
Hospital, institution, or street address where death occurred:
Salmon Memorial Home
How long in hospital or institution? 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Eakles Mill
(If outside city or town limits, write RURAL and give nearest town)
Street No. Kendzville Rd. R. 1
(If rural, give LOCATION)
2. (a) If veteran, name war no.

3. (a) FULL NAME

William Henry Nichols

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Annanda Elsie Nichols
7. Birth date of deceased (mo., day, yr.) July - 16 - 1859
8. AGE: Year 88 Month 9 Days 20 If less than one day hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 19 48 at 1:15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 19 48 to May 6 19 48
and that I last saw him alive on May 6 19 48

Immediate cause of death Sub angina
DUE TO
DUE TO
DUE TO

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE GW L. Bay M.D.
M. D. or other
Address Bonabon Date signed 5/16/48

9. Birthplace Samuels Manor Wash. Co. Md.
(Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business
12. Name Emmanuel Nichols
13. Birthplace Samuels Manor Wash. Co. Md.
14. Maiden name Malvula Brown
15. Birthplace Brownsville Wash. Co. Md.
16. Informant Mrs. Mrs. A. Martin
Address Maryland apt. Hagerston Md.
17. Burial Date thereof May 8, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Mountain View Cemetery
Location Sharpsburg Md.
18. Funeral director Tom J. Bart & Son
Address Bonabon Md.
19. May 8 19 48 John E. Bart
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

05408

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
26 1/2 East Franklin Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 26 1/2 East Franklin St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Martha J. Norris

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Charles W. Norris

7. Birth date of deceased (mo., day, yr.)

April 1, 1894

6.(c) If alive, give age

years

8. AGE:

Years

54

Months

1

Days

28

It less than one day

hrs.

min.

9. Birthplace

Garret County, Maryland
(Town, county, and state)

10. Usual occupation

Home duties

11. Industry or business

MOTHER FATHER

12. Name

Frances M. Durey

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

16. Informant

Mrs. May Rubeck

Address

408 W. Washington St. Hagerstown, Md

17.

BurialDate thereof June 2, 1948
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Maryland

19.

June 2 1948
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

E.D.T.

20. DATE OF DEATH May 29, 1948 19 at 54 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw h. alive on 19

Immediate cause of death

DURATION

Generalized vascular

Due to

arteriosclerosis

Due to

cerebral thrombosis3 wks

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DEPUTY MEDICAL EXAMINER

WASH. CO., MD.

Address

Date signed

6/1/48

RECEIVED

JUN 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05409 306

1. PLACE OF DEATH:

County WashingtonCity or town Croft
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 mos. 4 days

Hospital, institution, or street address where death occurred:

Kitchie HospitalHow long in hospital or institution? 6 mos. 4 days

3. (a) FULL NAME

William E. O'Brien

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Sept 20 - 1872

8. AGE:

Years

75

Months

8

Days

9

If less than one day

hrs.

min.

9. Birthplace

Baltimore

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. May 31, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 2106 E. Madison St.
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948 at 7:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9/20/1872 to 5/29/48and that I last saw him alive on 5/29/48

Immediate cause of death

Basal cell carcinomaear and faceDue to (Recurrent)

Due to

Other conditions Arteriosclerosisgeneralized

(Include pregnancy within 3 months of death)

Major findings of operation Basal cell carcinomaEarDate of op. 1944/1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE J. C. McElreathAddress Kitchie Hosp. Date signed 5/29/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 4 1948
BUREAU V. 8,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ditto

Reg. Dist. No. 05410 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 Hours

Hospital, institution, or street address where death occurred:

Wash. Co. HospitalHow long in hospital or institution? 4 Hours

3. (a) FULL NAME

HARRY ELLSWORTH PANGLE

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Bertha E. Pangle6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) November 24, 18858. AGE: Years 62 Months 5 Days 17 If less than one day
hrs. min.9. Birthplace: Front Royal, Warren Co. Virginia
(Town, county, and state)10. Usual occupation: Fireman11. Industry or business: Fairchild Corp.12. Name: Charles H. Pangle13. Birthplace: Strausburg Va.14. Maiden name: Laura Ramsey15. Birthplace: Urbana, Ohio16. Informant: Mrs Bertha PangleAddress: Hagerstown Md.17. Burial Date thereof: 5/14/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory: Rose Hill CemeteryLocation: Hagerstown Washington Co. Md.18. Funeral director: Andrew K. CoffmanAddress: Hagerstown Md.19. May 14, 1948
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 153 Alexander St.
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (b) Social Security Number

219-14-9987

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 19 48 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 11-48 19 48 at May 11-48 19and that I last saw him alive on May 11-48 19

Immediate cause of death:

Coronary Thrombosis
(Coronary Thrombosis)

DURATION

3 hrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. E. W. SmithAddress: Hagerstown Md.Date signed: May 14, 1948

RECEIVED

MAY 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... **Washington**
 City or town..... **Hagerstown, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **10 years**
 Hospital, institution, or street address where death occurred:
920 Oak Hill Avenue
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... **Maryland** County..... **Washington**
 City or town..... **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **920 Oak Hill Avenue**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Clara E. Patterson

3. (b) Social Security Number

NONE

4. Sex..... **Female** 5. Color or race..... **White** 6.(a) Single, married, widowed, or divorced..... **Single**

6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... **February 28, 1853**

8. AGE: Years..... **95** Months..... **2** Days..... **25** If less than one day..... hrs. min.

9. Birthplace..... **Hollidaysburg, Pa.**
 (Town, county, and state)

10. Usual occupation..... **Retired Teacher**

11. Industry or business

12. Name..... **George Patterson**

13. Birthplace..... **Hollidaysburg, Pa.**

14. Maiden name..... **Anne Barr**

15. Birthplace..... **Chester County, Pa.**

16. Informant..... **Miss Marguerite Campbell**

Address..... **Hagerstown, Maryland**

17. Burial..... **5-25-48**
 (Burial, cremation, or removal, Which?) Date thereof..... (month) (day) (year)

Cemetery or crematory..... **Hollidaysburg Cemetery**

Location..... **Hollidaysburg, Pa.**

18. Funeral director..... **C. M. Suter & Sons**

Address..... **Hagerstown, Maryland**

19. **May 24, 48**
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **May 23, 1948** at **9:15 a.m.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 19, 1948 to **May 23, 1948**

and that I last saw **her** alive on **May 23, 1948**

Immediate cause of death.....

Broncho-pneumonia DURATION..... **5 days**

Due to.....

Due to.....

Other conditions..... **Generalized arteriosclerosis** 10 years

(Include pregnancy within 8 months of death)

Major findings of operations..... **None**

Autopsy results..... **None**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... **None** Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... **Robert M. Suter M.D.**

Address..... **Hagerstown Md** M. D. or other

Date signed..... **5/24/48**

27



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05412

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Funkstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yearsHospital, institution, or street address where death occurred:
Main Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Funkstown
(If outside city or town limits, write RURAL and give nearest town)Street No. Main Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ida M. Peters

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife Charles Peters7. Birth date of deceased (mo., day, yr.) June --- 1857
6. (c) If alive, give age 19 46 years8. AGE: 90 Years 11 Months -- Days It less than one day
hrs. min.9. Birthplace Carlisle, Pa.
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business

12. Name ----- Bixler13. Birthplace ----- Penn.14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. Ellen IsenmingerAddress Funkstown, Md.17. Burial Date thereof June 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Ashland CemeteryLocation Carlisle, Pa.18. Funeral director Fred W. KraissAddress Hagerstown, Md.19. May 30, 48 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1948 1948 30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19 46 to May 29 19 48
and that I last saw her alive on May 27 19 48

Immediate cause of death

Hypertensive cardiac disease -
vascular disease.

DURATION

?

Due to

Due to

Other conditions

None

(Include pregnancy within 8 months of death)

Major findings of operations

No operation

Date of op.

Autopsy results

No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Ra. BuelM. D. overAddress Hagerstown, Md. Date signed 5/29/48

RECEIVED

JUN 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

05413

46d K

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
2 years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
1915 Virginia Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1915 Virginia Ave.
1 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Henry W. Powers

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Samantha J. Powers

7. Birth date of deceased (mo., day, yr.)

April 12, 1861

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

87020

hrs.

min.

9. Birthplace

Troy Gilmer Co. W.Va.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

NoneFATHER
MOTHER

12. Name

Elmer Powers

13. Birthplace

Dodridge Co. W.Va.

14. Maiden name

Minerva Mc.Quain

15. Birthplace

Dodridge Co. W.Va.

16. Informant

Elmer Powers

Address

Elkins W.Va.

17.

Removal

Date thereof

May 3, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Maplewood Cemetery

Location

Elkins W.Va.

18. Funeral director

Scott F. Minnich & Son

Address

Hagerstown Md.

19.

May 3, 1948

19

484848484848484848484848484848484848

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 May 2 1948 11:40p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5 March 1948 to 2 May 1948and that I last saw him alive on 30 Apr 1948

Immediate cause of death

Carcinoma of Rectum

DURATION

2 mo +

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

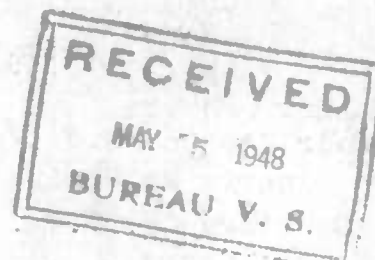
23. SIGNATURE

F J Lusby

M. D. or other

Address

2301 PortmanDate signed 3 May 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05414 302

1. PLACE OF DEATH:

County... Washington

City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 Years

Hospital, institution, or street address where death occurred:

427 Mechanic Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington

City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 427 Mechanic St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mattie Lou Ragland

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife... Peter P. Ragland

7. Birth date of deceased (mo., day, yr.) March 4, 1890

6. (c) If alive, give age... years

8. AGE: Years 58 Months 2 Days 8 If less than one day
hrs. min.9. Birthplace... Buckingham Co., Va.
(Town, county, and state)

10. Usual occupation... Home Duties

11. Industry or business

12. Name... Louis Via

13. Birthplace... Buckingham Co., Va.

14. Maiden name... Mattie Lou

15. Birthplace... Buckingham Co., Va.

16. Informant... Harry W. Ragland

Address 427 Mechanic St. Hagerstown, Md

17. Burial Date thereof May 15-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Rose Hill Cemetery

Location... Hagerstown, Md.

18. Funeral director... Fred W. Kraiss

Address... Hagerstown, Md.

19. May 15, 48 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1948 19 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10, 1948 to May 12, 1948
and that I last saw him alive on May 12, 1948Immediate cause of death... Coronary Thrombosis
DURATION 1 1/2 hours

Due to

Due to

Other conditions... Gravidity 2 days
Chronic Phlebitis of lower extremities
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... W. D. Dayman, M.D.

M. D. or other

Address... Hagerstown, Md. Date signed May 15, 48

RECEIVED

MAY 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 118 South Prospect Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Lyman H. Reamer

3. (b) Social Security Number

NONE

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Julia E. Wingert

7. Birth date of deceased (mo., day, yr.)

June 13, 1863

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

84114hrs.min.9. Birthplace Hagerstown, Wash. Co. Md.
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name J. David Reamer13. Birthplace Hagerstown, Maryland

14. Maiden name

Unk.

15. Birthplace

16. Informant C. Howard KretzerAddress Hagerstown, Maryland17. Burial Date thereof 5-19-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryHagerstown, Maryland

Location

18. Funeral director C. M. Suter & SonsAddress Hagerstown, Maryland19. May 19, 48 Charles Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 19 48 at 9:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 12 - 19 48, to May 17 - 19 48
and that I last saw him alive on May 17 - 19 48

Immediate cause of death

DURATION

Central Hemiparesis -
Traumatic (Fall) ? 5 daysDue to Arteriosclerosis - General ?

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

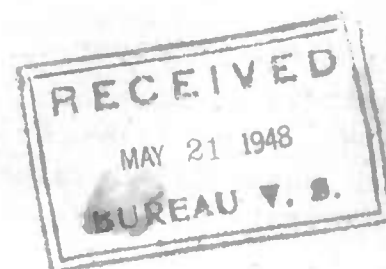
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 5/12/48Where did injury occur? Hagerstown Ind
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Fell in bedroom Injured at work?23. SIGNATURE David O. Bowers M. D. or otherAddress Hagerstown Ind Date signed 5/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington
 City or town Cool Hollow Rd. Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 42 years
 Hospital, institution, or street address where death occurred: Hagerstown Md. R. 3.
 How long in hospital or institution? 42 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Cool Hollow Road Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hagerstown Md. R. 3.
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Florence Jeanette Reeder

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife John H. Reeder
 7. Birth date of deceased (mo., day, yr.) March - 29 - 1859
 6.(c) If alive, give age _____ years
 8. AGE: Years 89 Months 1 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Rosbury Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Benjamin South

13. Birthplace Wash. Co. Md.

14. Maiden name Margaret Young

15. Birthplace Wash. Co. Md.

16. Informant John H. Reeder

Address Hagerstown Md. R. 3.

17. Burial Date thereof May 26, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Bronsbaw Cemetery

Location Bronsbaw Md.

18. Funeral director Wm. J. Bart & Sons

Address Bronsbaw Md.

19. May 26, 1948 John H. Bart
 (Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-48 19. to 5-22-48 19. and that I last saw 5-20-48 19. alive on _____ 19.

Immediate cause of death _____ DURATION

Cardio-Vascular lesion 3 yrs

Due to chronic arterial sclerosis

Due to _____

Other conditions _____

RECEIVED

MAY 28 1948

BUREAU V, 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
4 Fourth Street (East)
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4 Fourth Street (East)
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

William O. Reese

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mary Reese
 6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 29, 1882

8. AGE: Years 65 Months 10 Days 2 If less than one day
 hrs. min.

9. Birthplace Chambersburg, Pa.
 (Town, county, and state)

10. Usual occupation Truck Driver

11. Industry or business

12. Name James H. Reese
 13. Birthplace Chambersburg, Pa.

14. Maiden name Annie Daywalt
 15. Birthplace Chambersburg, Pa.

16. Informant Wayne Reese
 Address Hagerstown, Maryland

17. Burial Date thereof 6-2-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery
Hagerstown, Maryland
 Location

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. June 1, 48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1948 at 2:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30, 1946 to May 31, 1948
 and that I last saw him alive on May 29, 1948

Immediate cause of death Carcinoma Recto-Sigmoid junction
 DURATION 2 yrs.

Due to
 Due to

Other conditions

(Include pregnancy within 3 months of death)

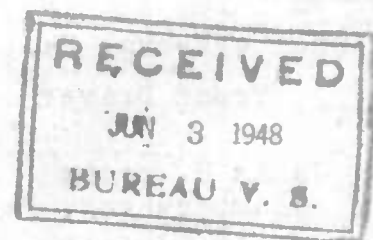
Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. O. Reese M. D. or other
 Address Hagerstown Md Date signed 6/1/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05418 300

1. PLACE OF DEATH:

County Washington
 City or town Rural Bakersville Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 42 Years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Rural Bakersville Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural Near Sharpsburg Md.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Wilber Skelton

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Mary Bell Skelton
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Feb. 17 1871
 8. AGE: Years 77 Months 3 Days 13 It less than one day _____ hrs. _____ min.

9. Birthplace Bakersville Md. Washington
 (Town, county, and state)

10. Usual occupation Farmed11. Industry or business Farmer
Not Known

12. Name _____
 13. Birthplace _____
 14. Maiden name Mary Bell Skelton Davis
 15. Birthplace Elkton W.V.A.

16. Informant Mrs J.C. Corwell
 Address St. James Md.

17. Burial Date thereof May 15 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Bakersville
 Location Near Sharpsburg Md. R.F.D. 1.

18. Funeral director Edith V. Leaf
 Address Williamsport Md.

19. 6713 48 E. J. Boyer
 (Date rec'd by registrar) 19 _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12/48 19 _____ at 11:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/11/48 19 _____ to 5/12/48 19 _____
 and that I last saw him alive on 5/12/48 19 _____

Immediate cause of death Coronary Occlusion DURATION _____
 Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE R. F. Young M. D. or other _____
 Address Williamsport Md. Date signed 5/13/48

RECEIVED

JUN 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The doctor's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Washington
 County.....
 City or town.....Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....15 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution?.....2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Maryland County.....Washington
 City or town.....Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....142 W. Bethel St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Marie Smith

3. (b) Social Security Number

None

4. Sex.....Female 5. Color or race.....White 6. (a) Single, married, widowed, or divorced.....Widowed
 6. (b) Name of husband or wife.....James Smith
 7. Birth date of deceased (mo., day, yr.).....March 29, 1911
 8. AGE: Years.....37 Months.....1 Days.....10 If less than one day.....hrs. min.

9. Birthplace.....Florence, South Carolina.
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name.....Jasper Taylor
 13. Birthplace.....South Carolina

MOTHER 14. Maiden name.....Anna Adams
 15. Birthplace.....Robinson, North Carolina

18. Informant.....Mrs. Anna Taylor
 Address.....2028 Cleveland Ave. Charolette,

17. Burial..... Date thereof.....May 15, 1948
 (Burial, cremation, or removal. Which?)..... (Month) (day) (year)
 Cemetery or crematory.....Mount Hope Cemetery
 Location.....Florence, South Carolina
Fred W. Kraiss.

18. Funeral director.....
 Address.....Hagerstown, Md.

19. May 11, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....May 9, 1948 10:40 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6 May 1948 to 9 May 1948
 and that I last saw h..... alive on 9 May 1948

Immediate cause of death.....Cardiac Decomposition
 DURATION

Due to.....

Due to.....

Other conditions.....Renal Arteriosclerosis
Renal Cirrhosis
 (Include pregnancy within 3 months of death)

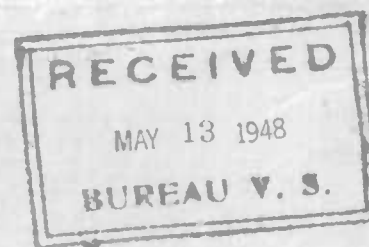
Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....E. H. ... M. D. or other
 Address........ Date signed.....5/11/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

05420

Reg. Dist. No. 301

1. PLACE OF DEATH:

County... WashingtonCity or town...
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

Died on way to hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MarylandCounty... WashingtonCity or town... St. James

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Andrew Hager Spielman

3. (b) Social Security Number

719-05-6472

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Sallie M. Spielman

7. Birth date of

deceased (mo., day, yr.)

October 22, 18796. (c) If alive, give age 72 years

8. AGE:

Years

Months

Days

If less than one day

6876

hrs.

min.

9. Birthplace... Hagerstown, Wash. Co. Md.
(Town, county, and state)10. Usual occupation... Railroad Agent11. Industry or business... N. & W. Railroad12. Name... Edward B. Spielman13. Birthplace... Williamsport, Maryland14. Maiden name... Julia Hager15. Birthplace... Hagerstown, Maryland16. Informant... Thomas SpielmanAddress... Hagerstown, Maryland17. Burial Date thereof... 5-30-48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory... Rose Hill CemeteryLocation... Hagerstown, Maryland18. Funeral director... C. M. Suter & SonsAddress... Hagerstown, Maryland19. May 20 19 48
(Date rec'd by registrar)Wm. E. La Rue
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 28 19 48 at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3 19 48 to May 28 19 48and that I last saw him alive on May 28 19 48

Immediate cause of death

Myocardial Infarction
Defibratory Shock

DURATION

1 1/2 months
2 hours

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

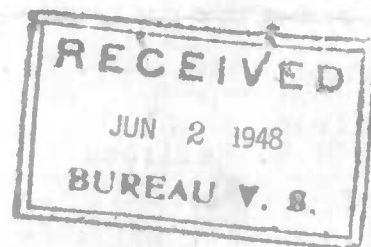
Means of injury

Injured at work?

23. SIGNATURE

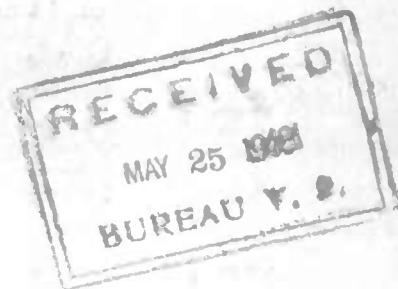
M. D. or other

Address... Williamsport, Md. Date signed 5/29/48



Dr. Zimmerman

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **302**

1. PLACE OF DEATH: **Washington Middleburg**
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **40 years**
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Washington**
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Mary A. A. Stotler

3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widowed**
 6.(b) Name of husband or wife **Victor D. Stotler**
 7. Birth date of deceased (mo., day, yr.) **March 21, 1860**
 8. AGE: Years **88** Months **2** Days **6** If less than one day
 8.(c) If alive, give age..... years

9. Birthplace **Wolfsville Frederick Co. Md.**
 (Town, county, and state)

10. Usual occupation **None**
 11. Industry or business **None**

FATHER 12. Name **Daniel Blickenstaff**
 13. Birthplace **Unknown**

MOTHER 14. Maiden name **Mary P. Hoover**
 15. Birthplace **Unknown**

16. Informant **Mrs. George Miller**
 Address **Middleburg Md.**

17. **Burial** Date thereof **May 30, 1948**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **Beaver Creek Cemetery**
Beaver Creek Md.
 Location **Scott F. Minnich & Son**

18. Funeral director **Hagerstown Md.**
 Address

19. **May 30, 48** Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **May 27 48 5:30p**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Oct 1 1947**, to **May 27 1948**
 and that I last saw him alive on **May 22 1948**
 Immediate cause of death **Seriously - no other**

cause of death
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

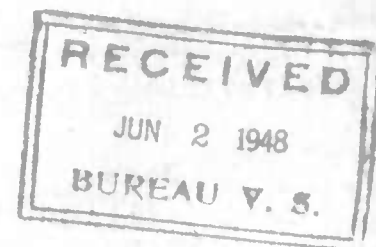
23. SIGNATURE **W. J. Lomen** M. D. or other
 Address **Hagerstown Md** Date signed **28 May 48**

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for addition of
birth place shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 116 JUL 2 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 05423
307

1. PLACE OF DEATH:

County Washington
City or town Bethesda
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred:
Main St.
How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Pennsylvania County Adams
City or town Gettysburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. 313 N. Shelton St.
(If rural, give LOCATION)
2. (a) If veteran, name war no ✓

3. (a) FULL NAME

Clyde Stover. (Clyde B. Stover)

3. (b) Social Security Number

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife Adelaide Stover

7. Birth date of deceased (mo., day, yr.) Oct. 17 - 1873

6. (c) If alive, give age _____ years

8. AGE: Years 74 Months 6 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Geachley, Hagerstown, Md.
(Town, county, and state)

10. Usual occupation College

11. Industry or business (Retired)

12. Name Daniel Stover

13. Birthplace Hagerstown Md.

14. Maiden name Olivia Bell

15. Birthplace Hagerstown Md.

16. Informant Mrs. Adelaide Stover

17. Burial Date thereof May 10, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Gettysburg Cemetery

Location Gettysburg & Penna

18. Funeral director J. Milton Bender

Address 125 Carlisle St. Gettysburg Penna

19. May 10, 1948 Corneilus H. Butler
(Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1948 to May 7 1948
and that I last saw him alive on May 7 1948

Immediate cause of death Coronary Occlusion DURATION 15 hrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Herbert Wade, Jr. M. D. another _____

Address Barnetons, Md. Date signed 5/7/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Funkstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 54 years
 Hospital, institution, or street address where death occurred:
Funkstown, Maryland
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Washington
 City or town..... Funkstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

James Waugh3. (b) Social Security Number
NONE

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widower</u>
6. (b) Name of husband or wife..... <u>Mary E. Waugh</u>		
7. Birth date of deceased (mo., day, yr.) <u>October 11, 1869</u>		
8. AGE: Years <u>78</u>	Months <u>7</u>	Days <u>14</u>
If less than one day hrs. min.		

9. Birthplace..... Hagerstown, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation..... Retired

11. Industry or business.....

MOTHER	12. Name..... <u>James W. Waugh</u>
	13. Birthplace..... <u>Hagerstown, Maryland</u>
	14. Maiden name..... <u>Margaret Fry</u>
	15. Birthplace..... <u>Wolfsville, Maryland</u>

16. Informant..... Mrs. Margaret Hull
 Address..... Funkstown, Maryland

17. Burial..... Date thereof..... 5-27-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Funkstown Cemetery
 Location..... Funkstown, Maryland

18. Funeral director..... C. M. Suter & Sons
 Address..... Hagerstown, Maryland

19. May 27, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 25, 1948 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 12, 1946 to May 25, 1948 and that I last saw him alive on May 25, 1948

Immediate cause of death..... Cerebral Hemorrhage
 Due to..... Hypertensive Cardiac
vascular disease
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... Deputy Registrar
 Address..... Funkstown, Md. Date signed..... 5/25/48
 M. D. or other

RECEIVED

MAY 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

592

05426

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County Hagerstown
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 yrs.
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 126 W. Church Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Ada Carey Welch

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife Frank Welch
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) 1883
 8. AGE: Years 65 Months Days If less than one day hrs. min.

9. Birthplace Hagerstown, Wash. Md.
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Edward Carey

13. Birthplace Hagerstown, Md.

14. Maiden name Mary Chesley

15. Birthplace Hagerstown, Md.

16. Informant Mrs. Mary Grant

Address 337 N. Jonathan St.

17. Burial Date thereof 5/8/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director William H. Downing

Address 291 Frederick St. Hagerstown

19. May 8, 1948 Chas. H. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1948 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1st 1948 to May 5th 1948
 and that I last saw her alive on May 4th 1948

Immediate cause of death Pneumonia - Terminal
Pulmonary infection DURATION 1 hr.

Due to

Due to

Other conditions Pneumonia - Terminal

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. H. Brown M. D. or other

Address Hagerstown, Md. Date signed 5/7/48

RECEIVED

MAY 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County.....
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 24 years
 Hospital, institution, or street address where death occurred:
 23 Westside Ave.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 23 Westside Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 Martha Helen Williar

3. (b) Social Security Number
 219-20-0965

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Harry F. Williar
 6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 10 1904

8. AGE: Years 43 Months 9 Days 26 If less than one day hrs. min.

9. Birthplace Thurmont Frederick Co. Md.
 (Town, county, and state)

10. Usual occupation House Wife
 Own Home

11. Industry or business

12. Name Jacob H. Davis
 13. Birthplace Thurmont Md.

14. Maiden name Fannie May Weddle
 15. Birthplace Thurmont Md.

16. Informant Harry Franklin Williar
 Address Hagerstown Md.

17. Burial Date thereof May 9, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory United Brethern Cemetery
 Location Thurmont Md.

18. Funeral director Scott F. Minnich & Son
 Address Hagerstown Md.

19. May 8 1948 6:40 P.M. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948 at 1 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 4-15-48 to 5-6-48
 and that I last saw him alive on 5-3-48

Immediate cause of death

Coronary Artery Disease
 Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

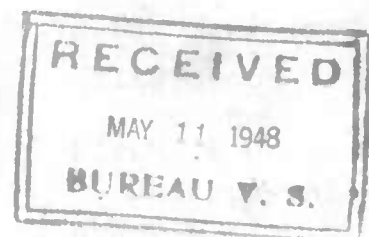
23. SIGNATURE A. S. W. [Signature]
 Address Hagerstown Md.
 M. D. or other 5/6/48
 Date signed

MARGIN RESERVED FOR BINDING

9-45-15

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Porterfield

Reg. Dist. No. 302

1952

05429

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 Weeks

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 1158 Hamilton Blvd.
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLES WELTY WOLF

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (c) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Mary Reece6. (c) If alive, give age 55 years7. Birth date of deceased (mo., day, yr.) June 9, 18908. AGE: Years 57 Months 11 Days 4 If less than one day
.....hrs.min.9. Birthplace Boonsboro, Washington Co. Md.
(Town, county, and state)10. Usual occupation Lawyer

11. Industry or business

12. Name John Wolf13. Birthplace Boonsboro, Md.14. Maiden name Nellie R. Fahrney15. Birthplace Boonsboro, Md.16. Informant Mary R. WolfAddress Hagerstown Md.17. Burial Date thereof 5/15/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. May 15 1948 Registrar

(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 19 48 at 10:25 ^P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19....., to 19.....Immediate cause of death Thrombosis of pulmonary artery 1 hr.Fractured skull 2 1/2 d.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4/21/48Where did injury occur? Hagerstown Wash. Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public SquareMeans of injury received injuries in street scuffle Injured at work? No23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAM.Address Hagerstown, Md. Date signed 5/14/48

WASH. CO., MD.

M. D.

